## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

45.21002

		CLAIMS AS	FILED - (Column		mn 2)	SMALL EN	NTITY	OR	OTHER SMALL I	
ТО	TAL CLAIMS		24	1		RATE	FEE	] [	RATE	FEE
FO	R		NUMBER F	FILED NUMB	ER EXTRA	BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			∑(/ minus 20= * (/			X\$ 9=	44	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =			X42=	42	OR	X84=	
MULTIPLE DEPENDENT CLAIM PR			RESENT		+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	ro, enter "0" in c	olumn 2	TOTAL		OR	TOTAL	
7	C	LAIMS AS A	MENDED	- PART II (Column 2)	(Column 3)	SMALL!	ENTITY	OR	OTHER SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X42=		OR	X84=	
<	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT CLAIM		+140=		OR	+280=	
						TOTAL		OB	TOTAL ADDIT. FEE	
•		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		+140=		OR	+280=	
						TOTAL ADDIT. FEE		1	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)		_			
IDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
MQ			Minus	***	=	V40		1	X84=	
MENDME	Independent	*	<u>.L</u>	<u> </u>	. <del> </del>	X42=		I ( )H	,,,,,,	
AMENDMENT	1 -		<u>.L</u>	PENDENT CLAIM	1	+140=		OR OR	+280=	

## NOTICE OF FEE DUE



DATE:	12/71/0,		60 60 60 60
TO:	0176		
FROM:	Office of Initial Patent Examin	nation	
SUBJECT:	Fee Due		
APPLICAT	ΓΙΟΝ NUMBER: ししゅ 0	27878	
Office for to authorization	e for the attached document subthe following reason. Please cheon to charge a deposit account. In appropriate fee. If an authorizat ciency.	ck the applicati If an authorizati	on for the appropriate on is present, please
□ Insuffic	ient fee by check		
□ Insuffic	ient funds in deposit account		
□ Decline	d credit card		
Non aut	horization for charge to deposit	account	-
□ No fee s	submitted per requirement **		er ,
The correct	fee code: <u>201</u>	amount	\$_42.00
The suspend	ded fee code: 197	amount	- \$
Fee Due		amounț	=\$42,88
f you have a Eleanor Kur	any questions, please contact Cy tz at 703-308-3642.	nthia Streater a	t 703-306-5430 or
Terminal Op	peratorTEO (T)	6	